

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING MINUTES**

COMMITTEE: Quality Service Delivery Systems

RECORDER: Peter Guerrero

DATE: November 20, 2003

COMMITTEE MEMBERS

PRESENT: Marci Gallagher, co-chair, Marie Poulsen, co-chair, Cheri Schoenborn, Brigette Ammons, Jim Bellotti, James O. Cleveland, Linda Landry, Kris Pilkington, Kate Warren, Beverly Morgan-Sandoz, and Lois Pastore

GUESTS: Patty Salcedo, Catherine Mikitka, Susan Graham, and Rick Ingraham

STAFF: Virginia Reynolds and Peter Guerrero, WestEd/CPEI

DDS LIAISONS: Dennis Self

ABSENT: Fran Chasen, Ruth Cook, Ken Freedlander, Diane Killegrew, and Julie Woods

**SUMMARY OF IMPORTANT POINTS, ACTIONS CONSIDERED AND
RECOMMENDATIONS**

- I. INTRODUCTION – AGENDA REVIEW: The committee developed an agenda for today's meeting.
- II. REVIEW AND APPROVAL OF MINUTES: The action plan developed by the committee was contained in the ICC packet. These were not formal minutes.
- III. COMMITTEE TASKS AND ACTIVITIES: See Attached Tracking Form
- IV. CHAIR'S REPORT: Marci Gallagher reviewed the discussion that took place at the Executive Committee meeting this morning. She identified areas the committee is to address in addition to their action plan. These discussions are documented in section V, below.
- V. DISCUSSION OF OTHER COMMITTEE ISSUES:

A. Personnel and Program Standards: See attached tracking tool for references to personnel training needs.

B. Report on ES Interagency Training and Technical Assistance Collaborative: Cheri reported that the turnout for the initial meeting of the group on November 14 was excellent and representative of Early Start collaborators and partners. Invitees had submitted training events for inclusion on a Master Training and Technical Assistance Calendar for events appropriate for the 0-5 population. A sub-committee of the group will develop proposed tenants for training to be included on the master calendar. WestEd

will address committee requests re: availability and distribution. Another meeting will be scheduled next year.

C. Distribution recommendations for best practice materials approved by ICC: The Committee determined that one dissemination plan would not suit all materials and that plans need to be individualized to particular documents. It was recommended that for each approved document that the ICC should: a) define the purpose of the document, b) determine the appropriate audience, c) delineate dissemination strategies, and d) when appropriate, develop a feedback mechanism as to the utility of the dissemination plan.

Dissemination audience may include members of ES T/TA Coordinator's group, California Head Start association and the Head Start Collaboration office, ES Managers, Early Intervention vendors and Programs, and associations serving infants , toddlers and their families, make the material available to parents and others via websites (including DDS website) and FRCs for archiving.

VI. ACTION AND RECOMMENDATIONS:

A. Committee Tracking Tools - The QSDS committee recommends that the Executive Committee develop a method to integrate committee tracking-tools and coordinate their activities. DDS support staff to the Executive Committee are in agreement.

B. Dissemination Plan - The QSDS committee recommends that dissemination plans be individually developed for each approved document following the above criteria.

The meeting was adjourned at 4:10 PM.

INFORMATION PROCESSING AND SHARING TOOL
QUALITY SERVICE DELIVERY SYSTEMS COMMITTEE
MEETING DATE: 11/20/03

COMMITTEE GOAL: TBD

ICC PRIORITY	APPROACH (DDS Priorities)	MEASUREABLE OUTCOMES	ACTION PLAN (activities and methodologies)	INFORMATION AND DATA SOURCES	FOR NEXT MEETING
<input type="checkbox"/> Early Entry Strategies: <input type="checkbox"/> Increase collaboration <input type="checkbox"/> Increase awareness <input type="checkbox"/> Increase Access	Outreach to Providers Outreach to the Community Training and Personnel Development	Advise and assist the lead agency on a methodology to ensure that by 12/04 the age of children referred to and entering the ES system will be lowered by at least 6 months as reflected by DDS monitoring reports.	Obtain database information and evaluate to determine: <ul style="list-style-type: none"> • outreach activities related to high and low referral rates geographically • referral rates from same primary sources in different locations, not just clusters related to time and age • how many high risk children are being followed by Early HS and do not have an IFSP (not included in 10% mandate) • numbers of children transitioned out of ES but return as RC eligible later • if referral rates from sources decline due to worker turnover which may indicate need for re-training • determine if babies monitored by HRI follow-up programs or programs targeting types of premies, might benefit by ES services • areas that are in-line with or lag behind referral trends 	Dennis Self shared report "Age at First IFSP." Committee requested more information including mean age at referral, location/region, ethnicity, and date of eligibility determination, if possible. Also of interest are those screened and determined not eligible for ES that may return later. Dennis reported that a review of monitoring reports was accomplished by WestEd/CPEI staff and received	Extract data from existing data sources and report to committee via E-mail ASAP (Dennis reports this will take at least one month). Support staff will keep committee members advised.

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			<p>lag behind referral trends</p> <ul style="list-style-type: none"> • training needs of intake staff • gaps in community outreach <p>Clean up referral data:</p> <ul style="list-style-type: none"> • Find out who recommended a parent call-in for services • Consider the early intervention system more holistically, including CCS, HRI follow-up, specialty clinics, and other programs serving children (MVIP, CHDP, Tri-Care) other states may include in their numbers <p>Consider publishing and effectively distributing referral information.</p> <p>Ensure that Interagency plans are in place that identify how child find activities will be carried out in communities, and that the State ensures child find activities are carried out in local areas.</p>	<p>by the department two days ago. Material will be reviewed and sent to committee members via e-mail prior to the next meeting.</p> <p>PERSON(S) RESPONSIBLE: Dennis Self & Ken Freedlander (DDS)</p> <p>DUE DATE: Prior to February ICC</p> <p>Other sources: DDS website re: Autism, identified by age.</p>	

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<input type="checkbox"/> Early Entry Strategies: <input type="checkbox"/> Increase collaboration <input type="checkbox"/> Increase awareness <input type="checkbox"/> Increase Access	Outreach to Providers Outreach to the Community Training and Personnel Development	<p>Advise and assist the lead agency on methodology to ensure children with developmental disabilities entering Part B public school services are served by Early Start prior to age three.</p> <p>Another possible iteration of this outcome is: Methodology to ensure that 100% of children eligible for special education between 3-5 received early start services.</p>	<p>Compare data on numbers of developmentally disabled children receiving special education at age three or four and children served in early start; Children entering RC at ages three - five without ES history; Children receiving Part B services at age 4, without ES history.</p>	<p>INFORMATION NEEDED: Data on referral is available via DOE. RC has information on children referred to and determined eligible for RC services at age three. In order to get the data some common identifier is needed. Pupil count at age three compared to those transitioning from ES into public school may be useful as well.</p> <p>PERSON(S) RESPONSIBLE: Jim Bellotti (CDE) Dennis Self (DDS).</p>	<p>Jim Bellotti will report at next meeting on data available in CASEMIS on children entering special education at ages 3-5 and other data available.</p> <p>He will also investigate possibility of including a field in CASMIS to identify those children served by ES if data is not available at this time.</p> <p>Dennis will explore availability of information on children not served in early start entering RC between ages of 3-5.</p>

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				DUE DATE: February ICC.	
<input type="checkbox"/> IFSP Strategies: <input type="checkbox"/> Increase collaboration <input type="checkbox"/> Increase awareness <input type="checkbox"/> Increase Access	Outreach to Providers Outreach to the Community Training and Personnel Development	Advise and assist the lead agency on a methodology to ensure all IFSPs reviewed during DDS monitoring visits will document that all service needs identified by assessments or family assessment are addressed in the IFSP and that the family is referred to an FRC.	Determine if data is available that can clarify this issue. <ul style="list-style-type: none"> • Identify: successful IFSP strategies • Reinforce concept of interdisciplinary teaming and integrated and coordinated IFSPs. Do they look different in communities embracing these concepts? • How is the expertise of the assessor available to the team if assessors are not present? • Provide training on: <ul style="list-style-type: none"> ○ Aligning the principals and emotions of IFSP development ○ Providing anticipatory guidance so family understands process and requirements ○ Documenting all service needs (including non-part C) 	See early entry section above re: monitoring report review and dissemination. PERSON(S) RESPONSIBLE: Dennis Self & Ken Freedlander (DDS) DUE DATE: Prior to February ICC	The available data will be shared with the committee prior to the next meeting.

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			<p>identified by assessments for cross-reference with IFSP</p> <ul style="list-style-type: none"> ○ Documentation of non-required or other services to assist parents to enhance the development of their child including support services 		
<input type="checkbox"/> IFSP Strategies: <input type="checkbox"/> Increase collaboration <input type="checkbox"/> Increase awareness	<p>Outreach to Providers</p> <p>Outreach to the Community</p> <p>Training and Personnel Development</p>	<p>Advise and assist the lead agency on a methodology to ensure that DDS Full Scope Evaluations will document that MDT assessments are used, and assessors participate, in 100% of IFSPs reviewed.</p>	<p>Ensure training to service coordination staff to insure that Multidisciplinary Team assessments and assessors are documented as attending (participating in) IFSP meetings.</p>	<p>INFORMATION NEEDED. Review of site monitoring reports.</p> <p>PERSON(S) RESPONSIBLE: Dennis Self & Ken Freedlander (DDS) and WestEd support staff.</p> <p>DUE DATE: Next ICC</p>	<p>The available data will be shared with the committee prior to the next meeting.</p> <p>Obtain IDA survey report. Support staff will follow-up.</p>

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<input type="checkbox"/> Transition Strategies: <input type="checkbox"/> Increase collaboration <input type="checkbox"/> Increase awareness	Outreach to Providers Outreach to the Community Training and Personnel	Advise and assist the lead agency in ways to improve transition of children to pre-school and other settings.	Review monitoring reports. Ensure transition training for service coordinators and service providers and administrators/managers includes: <ul style="list-style-type: none"> • Inappropriate notice and 	INFORMATION NEEDED: Review of site monitoring reports	Use data from review of Full Scope site monitoring reports reviewed by staff. Further refine outcome.

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<input type="checkbox"/> Increase Access	Development		preparation <ul style="list-style-type: none"> • Requirements • Anticipatory Guidance • Parent understanding • Information/materials • Associated anxiety/service coordinator sabotage 		